

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003723

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1322

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis,

Length of stay in 1b

7 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

St. Louis

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Louis - Little Rock  
Hospitals, Inc.

Inside Limits

Yes ☐ No ☐

d. STREET (If outside, give location)

ADDRESS 3924 Flora Place

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Charles

Middle -

Last Fahrni

## 4. DATE OF DEATH

Month January

Day 28,

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-10-1874

## 9. AGE (last birthday)

87

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tobacco worker

## 10b. KIND OF BUSINESS OR INDUSTRY

Tobacco

## 11. BIRTHPLACE (City and state or country)

Switzerland

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Karl Fahrni

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Rubin

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes Spanish-American

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Rosalina Fahrni 3924 Flora Place

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Subdural hematoma  
and subarachnoid hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

7 days

## DUE TO (b)

Cerebral arteriosclerosis

10 yrs

## DUE TO (c)

331X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from January 21, 1962, to January 28, 1962, and last saw her alive on Jan. 28, 1962

Death occurred at 2:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1755 South Grand Blvd.

## 22c. DATE SIGNED

1/29/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

1-31-1962

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Hoffmeister Mortuary - 6464 Chippewa St.

## 25. DATE RECD. BY LOCAL REG.

JAN 30 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Lee C. Brannon*

Licensed Embalmer No. 4964

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.